

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, Supplemental, Divisional, Continuation, CIP)

As the below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ [ X ] original
- ☐ [ ] design
- ☐ [ ] supplemental
- ☐ [ ] divisional
- ☐ [ ] continuation
- ☐ [ ] continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural named are listed below) of the subject matter which is claimed for, for which a patent is sought on the invention entitled:

TITLE OF INVENTION

LIPOSOME COMPOSITIONS OF PORPHYRIN PHOTSENSITIZERS

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))

- (a) ☒ [ X ] is attached hereto.
- (b) ☐ [ ] was filed on \_\_\_\_\_ as
  - ☐ [ ] Serial Number /
  - ☐ [ ] Express Mail No., as Serial Number not yet known
- (c) ☐ [ ] was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 CFR 1.97.

**PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate of any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(d) [ X ] no such applications have been filed.

(e) [   ] such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

Earliest Foreign Application(s), if any, filed within 12 months  
(6 months for Design) prior to this U.S. Application

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED 35 USC 119

All Foreign Application(s), if any, Filed More Than 12 Months  
(6 Months for Design) Prior to This U.S. Application

---

---

---

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following  
attorney(s) and/or agent(s) to prosecute this application and  
transact all business in the Patent and Trademark Office  
connected therewith.

<u>Kenneth J. Dow</u>	<u>32,890</u>
(Name)	(Reg. No.)
<u>Robert P. Raymond</u>	<u>25,089</u>
(Name)	(Reg. No.)
<u>H. G. Jackson</u>	<u>24,476</u>
(Name)	(Reg. No.)
<u>Thomas S. Szatkowski</u>	<u>28,049</u>
(Name)	(Reg. No.)

[ ] Attached as part of this declaration and power of  
attorney is the authorization of the above-named  
attorney(s) to accept and follow instructions from my  
representative(s).

-----  
SEND CORRESPONDENCE AND TELEPHONE CALLS TO:

American Cyanamid Company

1937 West Main Street

P. O. Box 60

Stamford, Ct 06904-0060

Attn: Kenneth J. Dow

Telephone No. (203) 321-2659  
-----

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of SOLE OR FIRST INVENTOR Narendra Raghunathji Desai

Inventor's signature Narendra Raghunathji Desai

Date 1-31-92

Country of Citizenship India

Residence 4 Rolf Drive, Danbury, CT 06810

Post Office Address Same as above

Full name of SECOND JOINT INVENTOR, if any Bushra J. Agha

Inventor's signature Bushra J. Agha

Date 2/2/92

Country of Citizenship Lebanon

Residence 5500-71A Fortunes Ridge Drive, Durham, NC 27713

Post Office Address Same as above

Full name of THIRD JOINT INVENTOR, if any Kalidas Madhavrao Kale

Inventor's signature Kalidas Madhavrao Kale

Date 1-31-92

Country of Citizenship India

Residence 16 Berwyn Road, Harriman, NY 10926

Post Office Address Same as above

THE FOLLOWING 'ADDED PAGES' FORM A PART OF THIS DECLARATION

- [ X ] Signature for fourth and subsequent joint inventors on  
ADDED PAGES.
- [ ] ADDED PAGES TO COMBINED DECLARATION, POWER OF ATTORNEY  
for divisional, continuation, or continuation-in-part (CIP)  
application.
- [ X ] Number of ADDED PAGES: 1
- [ ] Declaration ends with this page.

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR  
SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS

Full name of FOURTH JOINT INVENTOR, if any James R. Lawter

Inventor's signature James R. Lawter

Date 5/92

Country of Citizenship U.S.A.

Residence 35 Glen Drive, Goshen, NY 10924

Post Office Address Same as above

Full name of FIFTH JOINT INVENTOR, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of SIXTH JOINT INVENTOR, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of SEVENTH JOINT INVENTOR, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_